

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 593127

FILING DATE

APPLICANT(S)

Art. 19 Pre-Amend CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		3		3		1
5	1		1		1	
6		1		1		1
7		1		1		1
8		3		3		1
9		3		3		1
10		2		2		1
11		0		0		1
12		0		0		1
13		0		0		1
14	1		1		1	
15		1		1		1
16		1		1		1
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TOTAL IND.	3	↓	3	↓	3	↓
TOTAL DEP.	20	←	20	←	13	←
TOTAL CLAIMS	23		23		16	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						